



**APPLICATION FOR TRAFFIC VIOLATOR SCHOOL (TVS)  
ADMINISTRATOR CHANGE**

**Application Fee: \$70.00**

OCCUPATIONAL LICENSE NUMBER

**FOR DEPARTMENT USE**

TOTAL FEE

RECEIPT NUMBER

ISSUED BY

NAME OF PUBLIC ADULT SCHOOL OR COMMUNITY COLLEGE/PUBLIC AGENCY

TVS NUMBER

SCHOOL NAME (DBA)

TELEPHONE NUMBER

( )

BUSINESS OFFICE ADDRESS

CITY

COUNTY

STATE

ZIP CODE

BRANCH BUSINESS OFFICE ADDRESS

CITY

STATE

ZIP CODE

NAME OF NEW ADMINISTRATOR

NAME OF FORMER ADMINISTRATOR

EFFECTIVE DATE OF ADMINISTRATOR CHANGE

**OTHER INFORMATION REGARDING NEW ADMINISTRATOR:**

1. Driver License Number: \_\_\_\_\_

2. Residence Address: \_\_\_\_\_

3. Business Telephone Number: \_\_\_\_\_

**CERTIFICATE OF APPLICANT**

I am the administrator in charge of (name of public school/community college/association) \_\_\_\_\_.

***I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct..***

EXECUTED ON (DATE)

AT (CITY, STATE)

SIGNATURE

